SOLICITATION/CONTRACT/ORDER FOR CO OFFEROR TO COMPLETE BLOCKS 12, 2 CONTRACT NO. 3		17, 23, 24, & 30.	1. REQUISITION	SITION NUMBER			PAGES 1 OF (1) PAGE(S)	
2. CONTR. GS00F0410		3. AWARD/EFFECTIVE DATE 02/20/2018	4. ORDER NUMBER 47HAA018F0044	5. SOLICITATION RFQ ID14170185	NUMBER	₹	188	SOLICITATIO SUE DATE 11/2017
7. FOR SOLICITATION a. NAME INFORMATION CALL: Natalia Belinsky		b. TELEPH 202-694-29		HONE NUMBER (No Collect Calls) 996			OFFER DUE TE/LOCAL ME 08/2018	
9. ISSUED BY GSA Region 14 Anita M Little 1800 F ST NW ARLINGTON, DC 20405-0001 United States (202) 501-0087		10. THIS ACQUISITION IS  UNRESTRICTED  SET ASIDE: % FOR  SMALL BUSINESS		11. DELIVERY FOR DESTINATION UNLE BLOCK IS MARKED Destination		ESS TE NE 0.0	DISCOUNT RMS T 30 DAYS / 0 % 0 DAYS 0 % 0 DAYS	
		HUBZONE SMALL BUSINE 8(A)		13a THIS CONTRACT IS A RATED OF UNDER DPAS (15 CFR 700) 13b. RATING			RATED ORI	
			NAICS: SIC: 541219 SIZE STANDARD		14. ME RFQ	THOD OF SO	LICITATION	
IS DELIVE Amanda Ga I8th & F Sts Vashington Inited State 202) 501-2	ellen s NW , DC 20405	37	16, ADMINISTERED B Anita Little 202-501-008					
17a, CONTRACTOR/ OFFEROR Susan D. Ford			18a. PAYMENT WILL BE MADE BY					
OGISTICS 940 JONE	MANAGEMENT I S BRANCH DRIVI /A 221023381 es		General Services Admir The contractor shall folio	nistration (FUND) ow the invoice instr	uctions ide	ntified within th	e award docu	umentation.
	HECK IF REMIT TAND PUT SUC		18b. SUBMIT INVOICE IS CHECKED	ES TO ADDRESS	SHOWNII	N BLOCK 18a	UNLESS BI	LOCK BELO
19. ITEM		20.						
NO	SCI		PLIES/SERVICES	- 11	21. ANTITY	22. UNIT	23. UNIT PRICE	24. AMOUN
NO ITEM	SCH TASK ITEM DES	HEDULE OF SUP	PLIES/SERVICES	- 11			UNIT	AMOUN NEW MC
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This task order is awarded to Logistics Management Institute (LMI) for Financial Management Services for GSA Office of the Chief Financial Officer (OCFO). This award includes Mandatory Task 3.1 in support CFO PBS Financial Services Division (BGP) (CLINs 0001BGP through 0008BG). Task 3.2 in support of CFO Accounting and Financial Reporting Division (BGA) (CLIN 0009BGA), Task 3.3 in support of CFO PBS Analytics Division (BID) (CLIN 0010BID through 0012BID), and Optional Surge Support Task 3.5 (CLIN 0019). Task order covers total period of performance of February 20, 2018 through February 19, 2023 (including a 1-year base period and four 1-year option periods) with a total awarded value for base and four option periods is \$9,432,540,15. Total funded/obligated amount for the base period is \$1,715,114.90 for base period CLINs 0001 through 0012 covering base period of performance from 02/20/2018 to 02/19/2019. Please see attached supplemental page for complete CLIN schedule for base and 4 option periods. Please reference GSA PDN GP1046129 on invoice(s) for this task. 25. ACCOUNTING AND APPROPRIATION DATA 26. TOTAL AWARD AMOUNT (For Govt. Use Only) 262X.S00W0600.CSD1.25.CSOEC.H08. \$1,715,114.90 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52 212-1, 52 212-4, FAR 52 212-3 and 62 212-5 ARE ATTACHED, ADDENDA N ATTACHED 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA ATTACHED. 28. CONTRACTOR IS NOT REQUIRED TO SIGN THIS DOCUMENT 29. AWARD OF CONTRACT: REFERENCE Logistics Management AND RETURN COPIES TO ISSUING OFFICE. Institute OFFER DATE 1/8/2018, YOUR OFFER ON SOLICITATION (BLOCK 5) INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS: CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN. CTOR 31a, UNITED S CTING OFFICERS ANITA LITTLE 31c. DATE SIGNED 30b. NAME AND TITLE OF 30c. DATE SIGNED 31b. NAME OF CO CTING OFFICER (Type or print) SIGNER (Type or print) Susan D. Ford, Sr. Contracts Manager 2/14/18 Anita Little 202-501-0087 32a, QUANTITY IN COLUMN 21 HAS BEEN 32b. SIGNATURE OF AUTHORIZED GOVT, REPRESENTATIVE 32c. DATE 32d. PRINTED NAME AND TITLE OF 32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE AUTHORIZED GOVERNMENT REPRESENTATIVE 32e. MAILING ADDRESS OF AUTHORIZED 32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE GOVERNMENT REPRESENTATIVE 33 SHIP NUMBER 34 VOUCHER 35, AMOUNT VERIFIED CORRECT FOR 36, PAYMENT NUMBER 37. CHECK NUMBER 38. S/R ACCOUNT NUMBER 39. S/R VOUCHER 40. PAID BY NUMBER 41a. I CERTIFY THIS ACCOUNT IS CORRECT 42a. RECEIVED BY (Print) AND PROPER FOR PAYMENT 41b. SIGNATURE AND 41c. DATE 42b. RECEIVED AT (Location) TITLE OF CERTIFYING OFFICER 42c. DATE REC'D 42d. TOTAL CONTAINERS **GSA Finance Customer** (YY/MM/DD) Support 816-926-7287 AUTHORIZED FOR LOCAL REPRODUCTION SEE REVERSE SIDE FOR OMB STANDARD FORM 1449 CONTROL NUMBER AND PAPERWORK (REV. 4-2002) BURDEN STATEMENT Prescribed by GSA - FAR (48 CFR) 53.212